

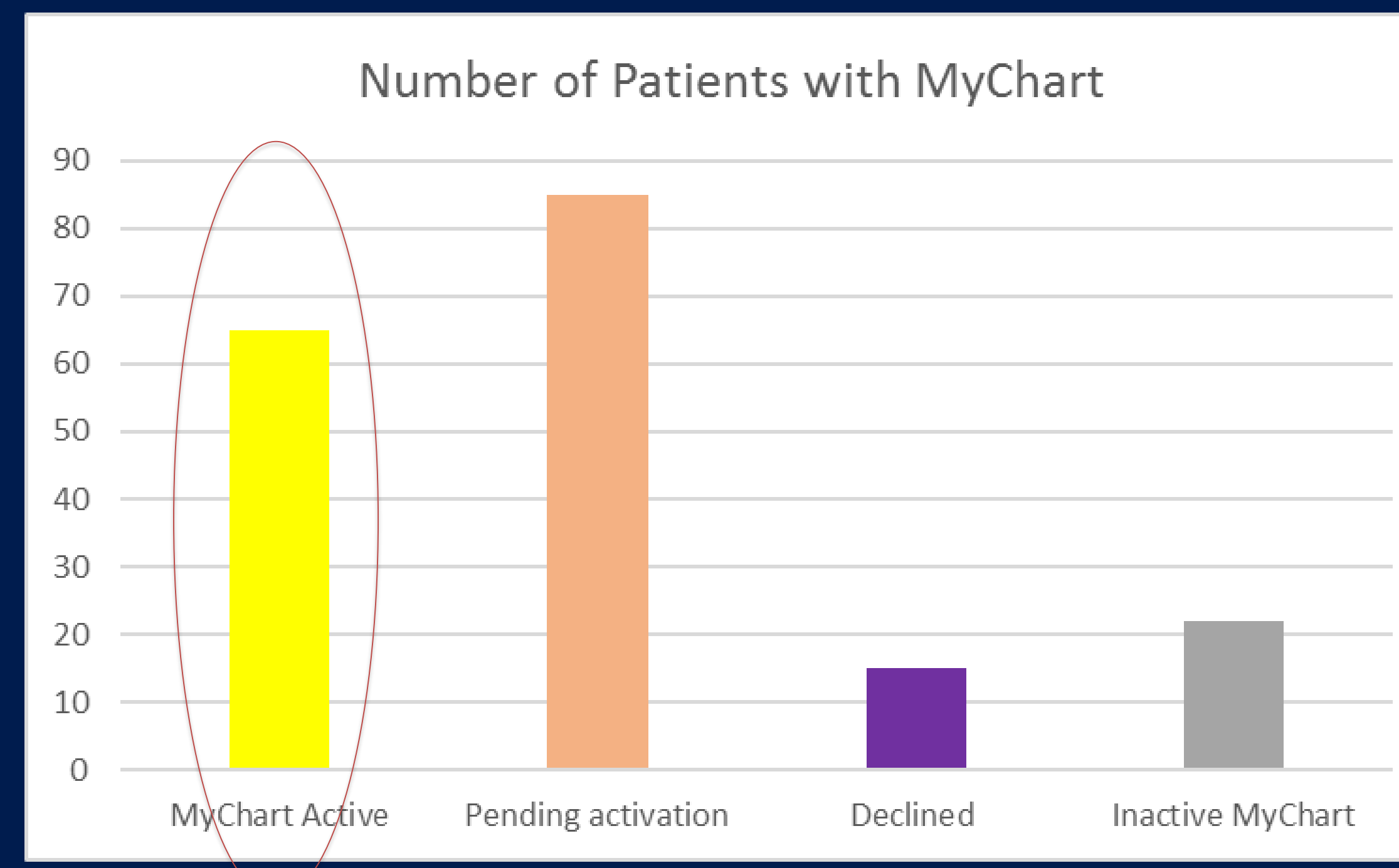
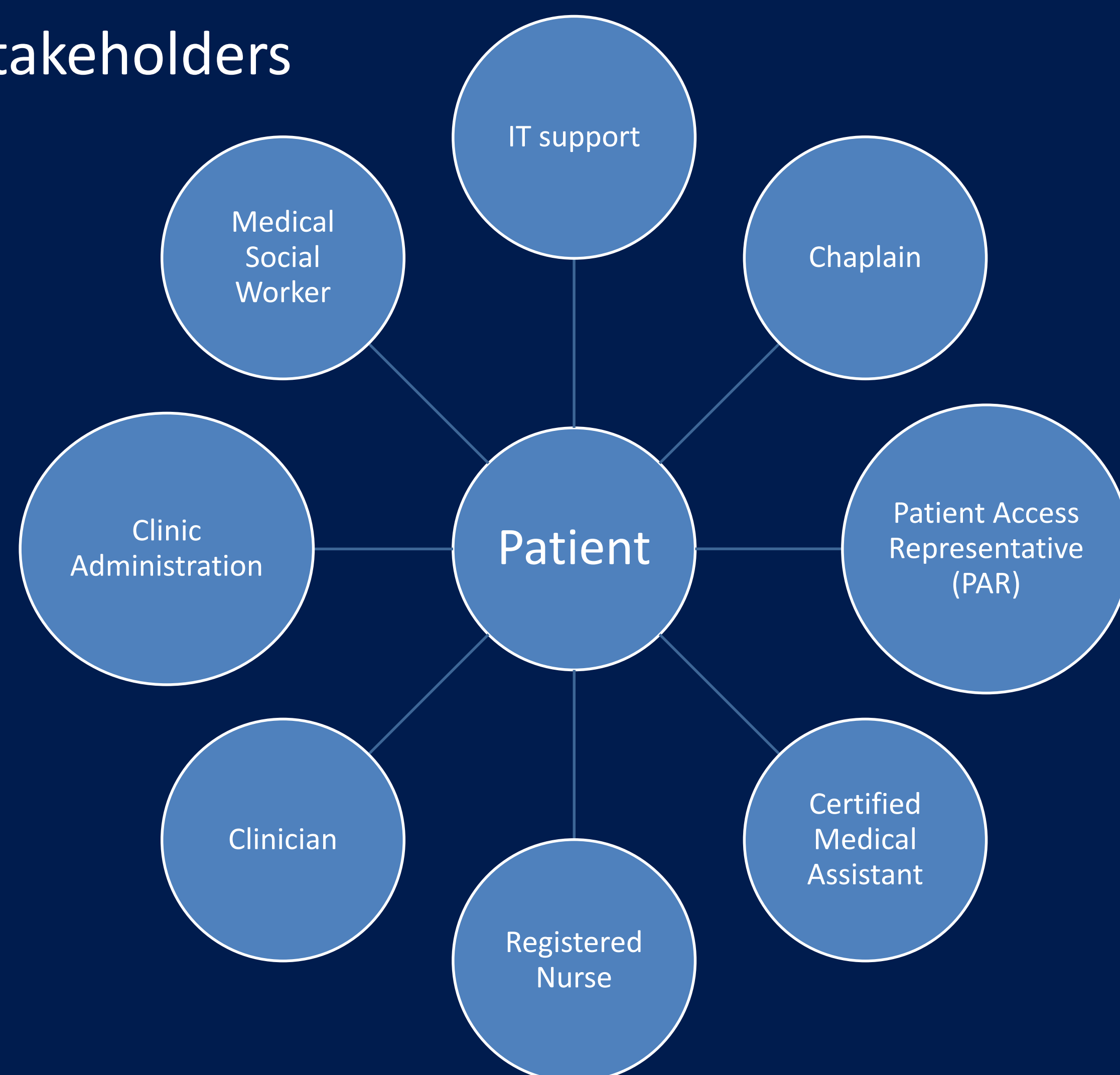
### Introduction

- As a safety-net hospital in the Southeast with limited use of telehealth, the COVID-19 pandemic created pressure to care for patients virtually.
- Palliative Care (PC) teams have used telehealth to support patient care in maintaining the necessary complex communication and symptom management remotely.
- Our goal was to develop a new telehealth PC clinic embedded in the cancer center

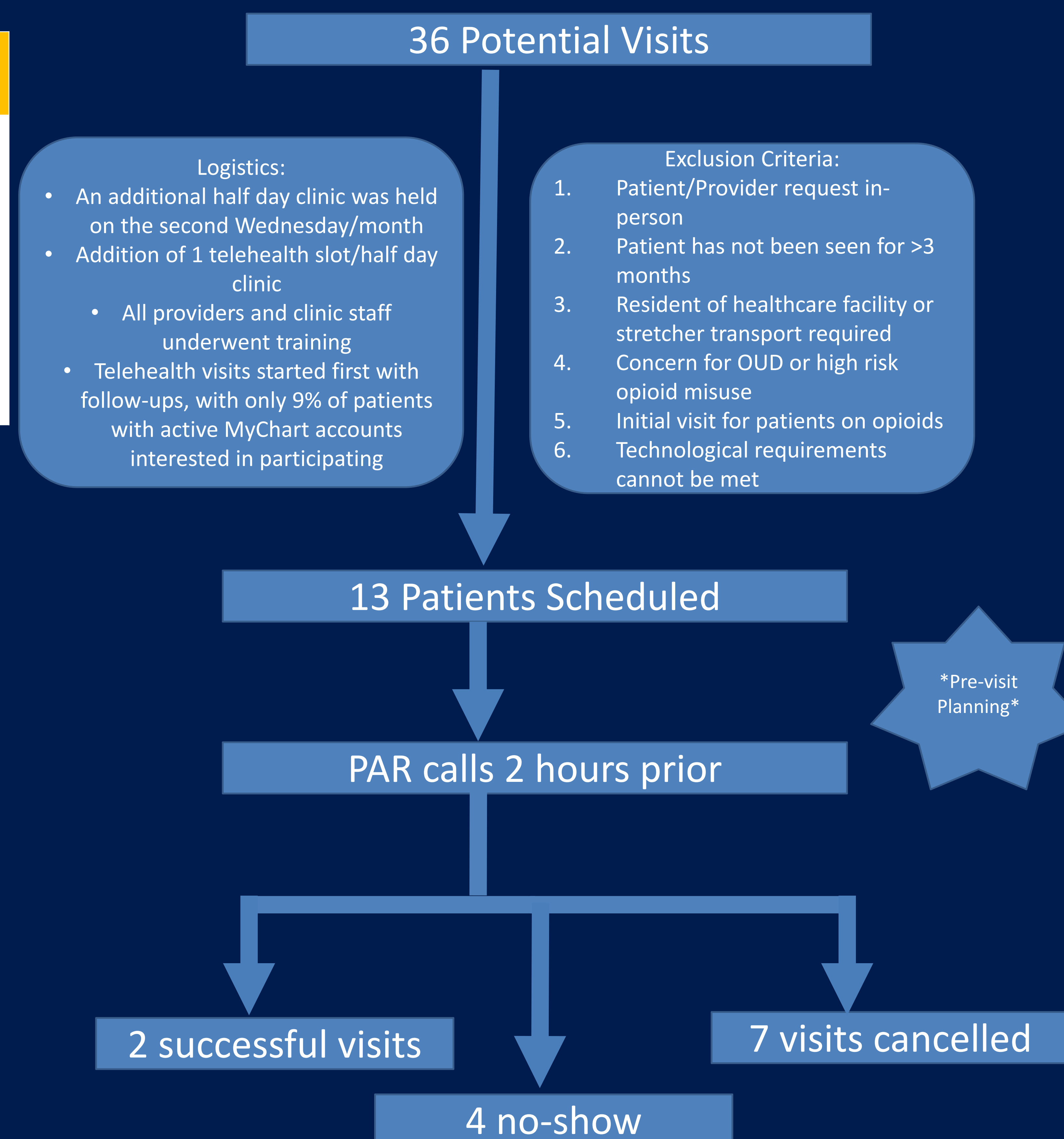
### Objectives

1. Identify stakeholders in the development of a PC telehealth clinic
2. Design a PC telehealth clinic in a safety-net setting to expand services
3. Examine barriers to implementing a telehealth clinic

### Key Stakeholders



### Operational Workflow For Pilot Tele-Palliative Clinic



### Patient Barriers

- Limited availability of a device with camera
- Inadequate internet bandwidth or data access for a video visit
- Inability to interface with necessary software applications
- MyChart activation

### Clinical Barriers

- Identification of appropriate patients
- Provider and patient buy-in
- Lack of resources and/or staffing to complete scheduling and operational workflow
- Opioid prescriptions and urine drug screens

### Conclusion

- Using video telehealth is challenging in our safety-net institution.
- We will need to leverage available resources to facilitate a structured pre-visit planning point of contact to minimize cancellations and allow for appropriate rescheduling.
- We will attempt to enroll more patients in MyChart with the development of a tipsheet
- The pandemic has shed light on multiple healthcare disparities. Video telehealth appears to add to the many forms of access limitations and difference in care for a particularly vulnerable population.